

# FMCSA Motor Carrier

USDOT Number: **466452**  
Docket Number: **MC239218**  
Legal Name: **RJW TRANSPORT, INC.**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **11240 KATHERINES CROSSING SUITE 400  
WOODRIDGE, IL 60517**  
Business Phone: **(630) 424-2430** Business Fax: **Fax: (630) 424-2230**  
Mail Address:  
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

## Authorities

Common Authority:	<b>INACTIVE</b>	Application Pending:	<b>NO</b>	
Contract Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>	
Broker Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Property:	<b>YES</b>	Passenger:	<b>NO</b>	Household Goods: <b>NO</b>
Private:	<b>NO</b>	Enterprise:	<b>NO</b>	

## Insurance Requirements:

BIPD Exempt:	<b>NO</b>	BIPD Waiver:	<b>NO</b>	BIPD Required:	<b>\$1,000,000</b>	BIPD on File:	<b>\$1,000,000</b>
Cargo Exempt:	<b>NO</b>			Cargo Required:	<b>NO</b>	Cargo on File:	<b>YES</b>
BOC-3:	<b>YES</b>			Bond Required:	<b>NO</b>	Bond on File:	<b>NO</b>
Blanket Company:	<b>TRUCK PROCESS AGENTS OF AMERICA, INC</b>						

Comments: **FILED FOR GENERAL COMMODITY AUTH. IN 48 STATES IN SUB 1**

## Active/Pending Insurance:

Form:	<b>91X</b>	Type:	<b>BIPD/Primary</b>	Posted Date:	<b>05/26/2006</b>
Policy/Surety Number:	<b>CT751143-3606-06</b>	Coverage From:	<b>\$0</b>	To:	<b>\$1,000,000</b>
Effective Date:	<b>06/01/2006</b>	Cancellation Date:			

Insurance Carrier: **SENTRY SELECT INSURANCE COMPANY**  
Attn: **LINDA HAMMERSCHMIDT**  
Address: **1800 NORTH POINT DR  
STEVENS POINT, WI 54481 US**  
Telephone: **(800) 610 - 4888** Fax: **(715) 346 - 8913**

Form:	<b>34</b>	Type:	<b>CARGO</b>	Posted Date:	<b>08/30/2010</b>
Policy/Surety Number:	<b>MXI93018771</b>	Coverage From:	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date:	<b>06/01/2010</b>	Cancellation Date:			

Insurance Carrier: **AGCS MARINE INSURANCE COMPANY**  
Attn: **AAGCS MARINE INSURANCE COMPANY**  
Address: **1 CHASE MANHATTAN PLAZA-37TH FLR  
NEW YORK, NY 10005 US**  
Telephone: **(212) 524 - 7977** Fax: **(212) 524 - 7900**

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## Note:

\* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$10,000 for bond/trust fund for property brokers, and \$25,000 for bond/trust fund for household good brokers). The carrier may actually have higher levels of coverage.

## Rejected Insurances:

Form:	Type:			
Policy/Surety Number:		Coverage From:	\$0	To: \$0
Received:		Rejected:		
Rejected Reason:				

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## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>TAP11207-0296</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>05/01/1994</b>	To: <b>06/02/1995</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier THE REINSURANCE CORP OF NEW YORK  
Attn:  
Address: 80 MAIDEN LANE  
NEW YORK, NY 10038 US  
Telephone: Fax:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>0821-00-009737</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>06/01/2000</b>	To: <b>06/01/2001</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier EMPLOYERS INSURANCE OF WAUSAU, A MUTUAL CO.  
Attn: KAYE CONNER - 2110  
Address: P.O. BOX 8017  
WAUSAU, WI 54402 US  
Telephone: (715) 847 - 7129 Fax:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>TPU3035784</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>06/01/2002</b>	To: <b>06/29/2004</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier HARCO NATIONAL INSURANCE CO.  
Attn:  
Address: 2850 WEST GOLF RD.  
ROLLING MEADOWS, IL 60008 US  
Telephone: (800) 448 - 4642 Fax: (847) 734 - 4089

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>TPU3035784</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>06/01/2002</b>	To: <b>06/01/2004</b>	Disposition: <b>Replaced</b>	

Insurance Carrier HARCO NATIONAL INSURANCE CO.  
Attn:  
Address: 2850 WEST GOLF RD.  
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Telephone: (800) 448 - 4642 Fax: (847) 734 - 4089

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## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>LNT100143</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>06/01/2004</b>	To: <b>06/01/2005</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier LINCOLN GENERAL INSURANCE COMPANY  
Attn: GARY J. ORNDORFF/ PRESIDENT & CEO  
Address: 3501 CONCORD RD., P. O. BOX 12009  
YORK, PA 17402-0609 US  
Telephone: (717) 757 - 0000 Fax: (717) 757 - 7916

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>LNT100143-01</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>06/01/2005</b>	To: <b>06/01/2006</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier LINCOLN GENERAL INSURANCE COMPANY  
Attn: GARY J. ORNDORFF/ PRESIDENT & CEO  
Address: 3501 CONCORD RD., P. O. BOX 12009  
YORK, PA 17402-0609 US  
Telephone: (717) 757 - 0000 Fax: (717) 757 - 7916

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>LHT1000269</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>06/01/2001</b>	To: <b>06/01/2002</b>	Disposition: <b>Replaced</b>	

Insurance Carrier SIRIUS AMERICA INSURANCE COMPANY  
Attn: CHRISTOPHER L. GALLAGHER  
Address: 375 PARK AVE.. SUITE 2107  
NEW YORK, NY 10152 US  
Telephone: (212) 702 - 3703 Fax: (212) 753 - 9764

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>JCV730885</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>06/22/1995</b>	To: <b>10/02/1995</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier JEFFERSON INSURANCE COMPANY  
Attn:  
Address: 525 WASHINGTON BOULEVARD  
JERSEY CITY, NJ 07310 US  
Telephone: (201) 420 - 3489 Fax: (201) 222 - 9161

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## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>JCV730885</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>06/22/1995</b>	To: <b>09/01/1995</b>	Disposition: <b>Replaced</b>	

Insurance Carrier JEFFERSON INSURANCE COMPANY  
Attn:  
Address: 525 WASHINGTON BOULEVARD  
JERSEY CITY, NJ 07310 US  
Telephone: (201) 420 - 3489 Fax: (201) 222 - 9161

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>22TP1000025</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>08/01/1997</b>	To: <b>06/01/2000</b>	Disposition: <b>Replaced</b>	

Insurance Carrier GENERAL SECURITY INSURANCE COMPANY  
Attn: MARY DI FEDE, ASST. VICE PRESIDENT  
Address: 199 WATER STREET, 20TH FLOOR  
NEW YORK, NY 10048 US  
Telephone: (212) 480 - 1900 Fax: (212) 363 - 3130

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>TL412 5003</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>09/01/1995</b>	To: <b>08/01/1997</b>	Disposition: <b>Replaced</b>	

Insurance Carrier CONTINENTAL NATIONAL INDEMNITY COMPANY  
Attn:  
Address: 10700 MONTGOMERY ROAD  
CINCINNATI, OH 45242 US  
Telephone: Fax:

Form: <b>34</b>	Type: <b>CARGO</b>		
Policy/Surety Number: <b>500182</b>	Coverage From	<b>\$0</b>	To: <b>\$5,000 *</b>
Effective Date From: <b>03/15/1996</b>	To: <b>05/01/1997</b>	Disposition: <b>Replaced</b>	

Insurance Carrier XL SPECIALTY INSURANCE COMPANY  
Attn: RECECCA CLARK  
Address: 505 EAGLEVIEW BLVD  
EXTON, PA 19341 US  
Telephone: (800) 327 - 1414 Fax: (610) 458 - 8667

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## Insurance History:

Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>500182</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>04/17/1994</b>	To: <b>03/15/1996</b>	Disposition: <b>Replaced</b>		

Insurance Carrier XL SPECIALTY INSURANCE COMPANY  
Attn: RECECCA CLARK  
Address: 505 EAGLEVIEW BLVD  
EXTON, PA 19341 US  
Telephone: (800) 327 - 1414 Fax: (610) 458 - 8667

Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>P2ST343093</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>06/01/2002</b>	To: <b>07/03/2002</b>	Disposition: <b>Cancelled</b>		

Insurance Carrier ROYAL INSURANCE COMPANY OF AMERICA  
Attn: KAREN MARTIN  
Address: 9300 ARROWPOINT BLVD.  
CHARLOTTE, NC 28273 US  
Telephone: (704) 522 - 2441 Fax: (704) 522 - 3200

Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>P2ST343093</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>06/01/2002</b>	To: <b>06/01/2002</b>	Disposition: <b>Replaced</b>		

Insurance Carrier ROYAL INSURANCE COMPANY OF AMERICA  
Attn: KAREN MARTIN  
Address: 9300 ARROWPOINT BLVD.  
CHARLOTTE, NC 28273 US  
Telephone: (704) 522 - 2441 Fax: (704) 522 - 3200

Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>1281821</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>06/01/2003</b>	To: <b>06/25/2004</b>	Disposition: <b>Cancelled</b>		

Insurance Carrier LEXINGTON INSURANCE COMPANY  
Attn: EDWARD T. FOX  
Address: 100 SUMMER ST., 30THFLR  
BOSTON, MA 02110-2103 US  
Telephone: (617) 330 - 8261 Fax: (866) 463 - 1826

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## Insurance History:

Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>1281821</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>06/01/2003</b>	To: <b>06/01/2004</b>	Disposition: <b>Replaced</b>		

Insurance Carrier **LEXINGTON INSURANCE COMPANY**  
Attn: **EDWARD T. FOX**  
Address: **100 SUMMER ST., 30THFLR**  
**BOSTON, MA 02110-2103 US**  
Telephone: **(617) 330 - 8261** Fax: **(866) 463 - 1826**

Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>2010EMFQJ0000161G</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>06/01/2008</b>	To: <b>08/23/2008</b>	Disposition: <b>Replaced</b>		

Insurance Carrier **UNDERWRITERS AT LLOYDS LONDON**  
Attn: **LLOYD'S ILLINOIS INC**  
Address: **181 W. MADISON, SUITE 3870**  
**CHICAGO, IL 60602 US**  
Telephone: **(312) 407 - 6219** Fax: **(312) 407 - 6229**

Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>CBBCN18402</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>06/01/2006</b>	To: <b>06/01/2007</b>	Disposition: <b>Cancelled</b>		

Insurance Carrier **UNDERWRITERS AT LLOYDS LONDON**  
Attn: **LLOYD'S ILLINOIS INC**  
Address: **181 W. MADISON, SUITE 3870**  
**CHICAGO, IL 60602 US**  
Telephone: **(312) 407 - 6219** Fax: **(312) 407 - 6229**

Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>33801DC304</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>06/01/2004</b>	To: <b>06/01/2006</b>	Disposition: <b>Replaced</b>		

Insurance Carrier **NEW YORK MARINE & GENERAL INS. CO.**  
Attn: **PROSIGHT SPECIALTY INSURANCE**  
Address: **412 M.T KEMBLE AVE, STE: 300C**  
**MORRISTOWN, NJ 07960 US**  
Telephone: **(800) 774 - 2755** Fax: **(855) 200 - 1158**

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## Insurance History:

Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>0659-82-31</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>05/01/1998</b>	To: <b>06/01/2001</b>	Disposition: <b>Replaced</b>		

Insurance Carrier **FEDERAL INSURANCE CO.**  
Attn: **STEPHEN D. JACOBSON, AUTO TEAM MANAGER**  
Address: **15 MOUNTAIN VIEW ROAD, BOX 1615**  
**WARREN, NJ 07059 US**  
Telephone: **(908) 903 - 2000** Fax: **(908) 903 - 2027**

Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>1280861</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>06/01/2002</b>	To: <b>06/01/2003</b>	Disposition: <b>Replaced</b>		

Insurance Carrier **LEXINGTON INSURANCE COMPANY**  
Attn: **EDWARD T. FOX**  
Address: **100 SUMMER ST., 30THFLR**  
**BOSTON, MA 02110-2103 US**  
Telephone: **(617) 330 - 8261** Fax: **(866) 463 - 1826**

Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>ST07/7241-2771</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>06/01/2007</b>	To: <b>06/01/2008</b>	Disposition: <b>Cancelled</b>		

Insurance Carrier **UNDERWRITERS AT LLOYDS LONDON**  
Attn: **LLOYD'S ILLINOIS INC**  
Address: **181 W. MADISON, SUITE 3870**  
**CHICAGO, IL 60602 US**  
Telephone: **(312) 407 - 6219** Fax: **(312) 407 - 6229**

Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>4016405</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>06/01/2001</b>	To: <b>06/01/2002</b>	Disposition: <b>Replaced</b>		

Insurance Carrier **LEXINGTON INSURANCE COMPANY**  
Attn: **EDWARD T. FOX**  
Address: **100 SUMMER ST., 30THFLR**  
**BOSTON, MA 02110-2103 US**  
Telephone: **(617) 330 - 8261** Fax: **(866) 463 - 1826**



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Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>CIM 0448406-00</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>05/01/1997</b>	To: <b>06/26/1998</b>	Disposition: <b>Cancelled</b>		

Insurance Carrier **ONEBEACON INSURANCE COMPANY**  
Attn: **JESSICA FRANKOVICH**  
Address: **199 SOUTH SWAMP ROAD**  
**FARMINGTON, CT 06032-3149 US**  
Telephone: **(860) 321 - 2640** Fax:

Form: <b>34</b>	Type: <b>CARGO</b>			
Policy/Surety Number: <b>CI 2M7141</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>
Effective Date From: <b>08/23/2008</b>	To: <b>06/01/2010</b>	Disposition: <b>Replaced</b>		

Insurance Carrier **HARLEYSVILLE INSURANCE COMPANY**  
Attn: **DANIEL BARR**  
Address: **355 MAPLE AVE**  
**HARLEYSVILLE, PA 19438 US**  
Telephone: **(800) 338 - 8301** Fax: **(866) 220 - 6350**

\* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$10,000 for bond/trust fund for property brokers, and \$25,000 for bond/trust fund for household good brokers). The carrier may actually have higher levels of coverage.

\* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$10,000 for bond/trust fund for property brokers, and \$25,000 for bond/trust fund for household good brokers). The carrier may actually have higher levels of coverage.

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bond/trust fund for household good brokers). The carrier may actually have higher levels of coverage.

## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
1	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	10/20/1993
0	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	03/16/1992
1	MOTOR PROPERTY COMMON CARRIER	GRANTED	10/20/1993 REVOKED 09/15/1998
0	MOTOR PROPERTY COMMON CARRIER	GRANTED	03/16/1992 REVOKED 09/15/1998

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
COMMON	07/23/1998	09/15/1998	INVOLUNTARY REVOCATION